



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### ESCORTING PATIENTS OFF CAMPUS

**Effective Date:** November 19, 2015

**Policy #:** TX-27

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- I. PURPOSE:** To provide for safety and security when escorting patients off campus.
- II. POLICY:** All Montana State Hospital (MSH) patients will be escorted and directly supervised by hospital staff when off campus for appointments, community outings, or other events.
  - A. FORENSIC PATIENTS:** A minimum ratio of one (1) staff member for up to three (3) patients who are on forensic commitments will be maintained during off campus activities. An increased level of staffing will be provided whenever the treatment team identifies the need.
  - B. CIVIL PATIENTS:** The staffing ratio will be determined by the patient's Treatment Unit Program Manager or designee after consideration of the individuals who will be going on the trip, the destination, and benefits and risks. For example, an individual visiting a community mental health program to prepare for discharge does not require the same level of supervision as an individual who may be on suicide precautions who has an appointment with a medical professional in the community. However, the minimum staffing ratio will be one (1) staff member for every five (5) patients during off campus activities.
  - C.** Patients are to be evaluated by the treatment team for therapeutic appropriateness for going to the activity. Risk of elopement (unauthorized leave) or escape (forensic commitments) is to be evaluated.
  - D.** Staff must always directly accompany and observe each patient during the outing. In the event that a patient needs to use a restroom, or requests to try on clothes, or requires privacy for a similar activity, staff may disapprove the request, accompany the patient (if same gender), assign another staff of the same gender to accompany the patient, or wait outside this area as long as there is a low potential of alternate exit. Staff must be alert and attentive at all times.
  - E.** This policy applies to patients on all units of MSH including the hospital treatment units and the Mental Health Group Homes.
  - F.** The ratios included in this policy may be relaxed during supervised walks to the Warm Springs Wildlife Management Area surrounding the Hospital.

### III. DEFINITIONS:

- A. Forensic Patient – Those admitted to MSH under criminal procedures Title 46, Section 14 of the Montana Code Annotated or people transferred from Montana Department of Corrections facilities who are on civil commitments.
- B. Civil Patient – Those admitted to MSH under Title 53, Section 21 of the Montana Code Annotated including those on voluntary status.
- C. Direct Supervision: To be physically present and within close proximity to the patient so that the staff member may respond immediately, to any danger to self or others.
- D. Community Liaison Officer (CLO) – To provide the transitional support between consumers being discharged from MSH and the community services offered in their area. The CLO performs a wide range of tasks to assist consumers with community integration.

### IV. RESPONSIBILITIES:

- A. Licensed Independent Practitioner (LIP) – Give orders authorizing off grounds trips, activities, or appointments; assess appropriateness for off campus activities; assess risk for elopement or harm during off campus activities.
- B. Program Manager or Designee – Review the arrangements for off-grounds trips and ensure that adequate supervision of each patient has been provided.
- C. Registered Nurse – Assign staff, review the arrangements for off-grounds trips, and ensure that adequate supervision of each patient has been provided.
- D. Rehabilitation Department Staff – Plan and implement a therapeutic community integration trip to include therapeutic objectives, follow policy and procedures, and document effects of community outing. Follow procedures to protect the patient and the public and to notify appropriate parties including law enforcement agencies and the Hospital if assistance is needed.
- E. Community Liaison Officer (CLO) – Follow procedures intended to protect the patient and the public, and to notify appropriate parties including law enforcement agencies and the Hospital if assistance is needed.
- F. Psychiatric Technician – Follow procedures intended to protect the patient and the public and notify appropriate parties including law enforcement agencies and the Hospital if assistance is needed.

- G. Patient Transport Driver (teamster) – Respond to calls (cell phone contact) from the Hospital or escorting staff, and to provide assistance as needed or directed.

**V. PROCEDURE:**

- A. MSH staff initiating off campus activities will complete a Community Outing form (see attachment) and have each treatment team and LIP approve unit participants on the original form. Upon receiving necessary signatures, the original will be filed with the initiating program. Copies will be forwarded to: Staffing, Teamsters and all participating Program Managers including the Rehabilitation Program Manager. Copies will be disseminated to appropriate individuals prior to departure.

- B. Each patient will be evaluated by the LIP as to their readiness for an off campus activity and the therapeutic appropriateness of each activity. Items the LIP will consider include:

1. Risk to others including the public at large
2. Risk for self-harm
3. Mental status
4. Necessity or importance of the appointment or activity
5. Involvement in treatment
6. Cooperation with staff, peers, and hospital/unit rules
7. Physical condition
8. Criminal charges (pending or adjudicated)
9. Victim impact (if applicable)
10. Other indicators such as high anxiety, recent disappointment, dishonesty about intent, etc.

- C. The LIP will write a medical order, upon approval, for off campus activity, appointment, or community integration trip. If additional safety or security measures are needed during the off campus activity, the LIP will order those. If not approved, the LIP or designee will document the reasons why.

Just before the scheduled off campus activity, the patient should be re-evaluated by the Treatment Unit Program Manager or Registered Nurse to verify appropriateness and readiness for the off-campus activity. If there is any concern about the appropriateness of the off campus activity, the manager or nurse will consult with LIP about their concerns.

- D. Trips are to be to the intended destination and when the event is completed, are to return directly to the Hospital. Stops can occur as needed for meals, restroom use, etc. Stops may also occur for other hospital business.
- E. In the event of a problem during transport, the vehicle should be stopped and assistance summoned from any appropriate source including law enforcement, or by

calling the Hospital to send additional assistance. Patients should not be transported unless it is safe to do so. Restraints are not to be utilized by Hospital staff during an off campus activity unless preapproved by LIP's written order or ordered over the phone in an emergency situation.

- F. Escorting staff will be positioned in the vehicle to maximize safety and minimize risk. Except when using the wheelchair van, patients generally will not sit directly behind the driver of the vehicle. Staff will sit amongst the patients.
  - G. Escorting staff must be attentive to all patients and maintain direct supervision of the patients at all times, except those times where privacy is appropriate.
  - H. Staff shall directly supervise all items purchased and ensure that contraband (i.e., lighters, cigarettes, etc) is not purchased.
  - I. Upon return to hospital, escorting staff will escort patients back to their units and ensure all items purchased or brought back to the living area are searched to ensure items are cleared for safety, compliance with unit guidelines, and recorded on the patient's personal effects sheet.
  - J. Patients returning from appointments such as court will have all personal items that were checked out to them or that have been brought back to the hospital searched to ensure items are cleared for safety, and are in compliance with unit guidelines. All items will be recorded on the patient's personal effects sheet.
  - K. If, due to safety concerns, the treatment team requires the patient to be searched. Hospital staff will follow Contraband and Searches Policy, #SF-02.
  - L. Documentation of any problems or other significant events occurring during an off-campus activity must be entered into the medical record by a staff member with direct knowledge of what happened. Other documentation may be required as needed.
- VI. REFERENCES:** Title 46, Section 14 of the Montana Code Annotated, Title 53, Section 21 of the Montana Code Annotated
- VII. COLLABORATED WITH:** Clinical Services Director, Program Managers, Medical Director, Director of Nursing, Director of Business and Support Services, Rehabilitation Program Manager, and the Hospital Administrator.
- VIII. RESCISSIONS:** #TX-27, *Escorting Patients Off Grounds* dated September 21, 2011; #TX-27, *Escorting Patients Off Grounds* dated March 14, 2007.
- IX. DISTRIBUTION:** All hospital policy manuals.

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- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. ATTACHMENTS:** Montana State Hospital Community Outing Form

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
John Glueckert                      Date  
Hospital Administrator

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Thomas Gray, M.D.                      Date  
Medical Director

Montana State Hospital  
Community Outing

Date of request: \_\_\_\_\_

Primary Staff Contact: \_\_\_\_\_

Narrative of Trip: (Trip destination, dates, departure & return times, rationale for trip)

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Treatment objective(s):

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Trip Route: \_\_\_\_\_

Items to be taken on trip: (Check those that apply) ☐ Rehab First Aid Kit/ PPE ☐ Oxygen

☐ Water jug/cups ☐ Snack ☐ Sunscreen ☐ Other: \_\_\_\_\_

Staff Member(s) (Maintain 1:3 ratio)

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Approved Yes/ No	Participants (per txt tm approval)	Unit	Special Needs/ Allergies
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_____	_____	_____	_____
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_____	_____	_____	_____

Approved By:

Program Manager: \_\_\_\_\_

Program Manager: \_\_\_\_\_

Program Manager: \_\_\_\_\_

Program Manager: \_\_\_\_\_

Rehabilitation Program Manager: \_\_\_\_\_

Director of Treatment Services: \_\_\_\_\_

Original: filed with initiating Department or Unit Manager  
Copies to: Staffing, Teamster and all  
participating Unit Managers

Initiated 8/2011